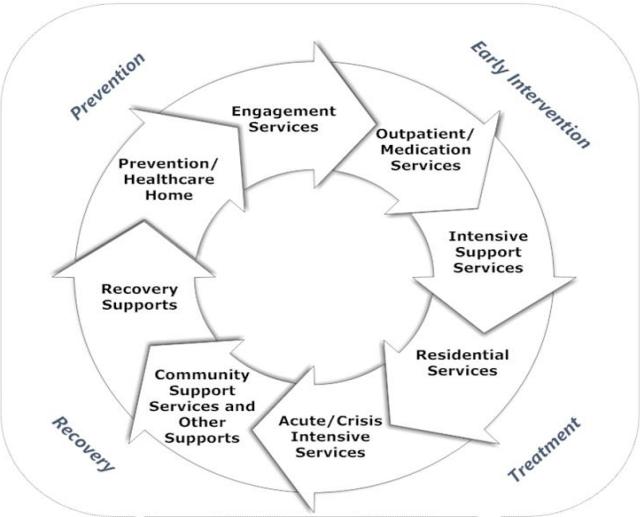
TESTIMONY OF
EASTERN CONNECTICUT HEALTH NETWORK (ECHN)
MANCHESTER MEMORIAL AND ROCKVILLE GENERAL HOSPITALS
SUBMITTED TO THE
APPROPRIATIONS COMMITTEE
Wednesday, February 23, 2022

HB 5037, An Act Adjusting the State Budget for The Biennium Ending June 30, 2023

ECHN appreciates this opportunity to submit testimony concerning **HB 5037, An Act Adjusting the State Budget for The Biennium Ending June 30, 2023**. Manchester Memorial and Rockville General Hospitals support the bill and offers recommendations for additional improvements to Connecticut's behavioral healthcare system.

The pandemic exposed and aggravated deficiencies in Connecticut's behavioral health system. Rising numbers of people experiencing mental health and substance use issues due to isolation, delay in care, and fears caused by COVID-19, coupled with chronic staffing shortages and an ineffective comprehensive system of BH care, stressed providers even further. The crisis is evident in hospital emergency departments (EDs), which are often the only option for people who cannot access care in more appropriate settings.

We appreciate the interest to invest in and respond to behavioral health needs, but also believe that the unique continuum for BH care has four phases including: Prevention, Early Intervention, Treatment, Recovery and Stabilization. A comprehensive approach to addressing behavioral health needs also includes recognizing that each of the phases requires a balanced distribution of services offered across our State as well as resources and financial supports. While emphasizing disproportionatly any one aspect in the continuum over the other areas, without similar resources, the other phases of treatment will backlog and limit access to the right level of care at the right time. The natural progression and flow from one phase to the next can not occur unless there is a balanced distribution of resouces. While we support innovation at various points in the healing process, the continuum will continue to be threatened and unable to address the entire cycle of needs unless resources and innovation occur in a balanced way. We have observed this over time in the state and are seeing it now as Solnit has reduced avaible beds from 100 to 44. Children in need then languish in emergency rooms and on inpatient units for extended periods as that bed reduction has created constraints in the overall cycle of care. A comprehensive balanced plan addressing the full cycle of need is required.



ECHN strives to provide that full continuum of inpatient and outpatient behavioral health services in eleven (11) locations throughout Manchester, Vernon/Rockville and South Windsor serving adolescents, young adults, adults, and older adults (geriatric). Rockville/Vernon is deemed a Medically Underserved area by the Health Resources and Services Administration. ECHN is the only provider of acute inpatient psychiatric services for adults, older adults, and adolescents within our 19-town service area. Our new Dual Diagnosis unit provides treatment for people struggling with substance use disorders and have underlying mental health diagnoses. Additional services include a Partial Hospitalization, Intensive Outpatient, and Outpatient programs for Adults, Older Adults and for Children and Adolescents. ECHN uniquely offers an accredited Special Education Clinical Day School for children grades 6-12 who are unable to learn and thrive in traditional educational settings.

We employ psychiatrists with specialties including Child and Adolescent, Forensics, Geriatrics, Addiction medicine, and generalists. Our multidisciplinary treatment teams include Nurse Practitioners, Registered Nurses, Licensed Clinical Social workers, Licensed Marriage and Family Therapists, Licensed Professional Counselors, Licensed Alcohol and Drug Counselors, Occupational Therapists and Occupational Therapy Assistants, Psychiatric Technicians, Utilization Review Staff and Central Access Clinicians managing patient throughput. We have a memorandum of understanding with CCAR providing peer support services throughout our emergency departments. We deliver care to children as young as three years old using play therapy and psychiatric interventions to our older adult population with inpatient and outpatient programming (and everything in-between). We utilize medication assisted treatment and have a Memorandum of Understanding with ROOT Center for Recovery for a bridge to methadone maintenance. We provide cognitive behavioral therapy in many forms across our continuum of care.

In addition, we work very closely with community providers to ensure local services are accessible. We collaborate regularly with local chambers, area schools, senior centers, nursing facilities, and the Zero Suicide Learning community, and community centers to continuously provide information for needed BH services. Earning the trust within our community also helps to foster cooperation and participation in BH treatment options, leading to better patient outcomes.

ECHN works with various organizations including Beacon Health, Connecticut Children's Medical Center, the Community Care Team (CCT), the CT Community for Addiction Recovery (CCAR), a program funded by the Connecticut Department of Mental Health and Addiction Services (DMHAS), and the H.O.P.E. Program, all of which provide innovative healthcare and support services to individuals seen in the MMH and RGH Emergency Departments. These partnerships are in place to lower healthcare costs, improve health outcomes and increase the cost-effectiveness of healthcare services and interventions. ECHN also collaborates with the CT Zero Suicide Initiative to standardize suicide risk assessment and network with providers to secure wrap around support treatment options. ECHN works collaboratively with numerous agencies and providers to ensure the care provision for mental health, and we are proud of our reputation for being a partner in community health.

Our experiences throughout the pandemic have mirrored our colleagues and fellow hospitals across the state. Social distancing and safety have impacted our outpatient services by a reduction of 26% in 2020, and a reduction of an additional 8.4% in 2021. Limitations of group size necessitated converting to higher rates of individual sessions. We transitioned to telehealth rapidly to meet the needs of our patients. Telehealth has been necessary and useful allowing flexibility for our patients. We responded to this need on behalf of our patients to provide the highest quality care delivery in our programs. Telehealth is also offered to all outpatients with in-person care as needed by patient and provider. We remain flexible in our approach and consider each episode of care on a case-by-case basis to reduce barriers and restrictions. The conversion was difficult for our older adults requiring us to dedicate a superuser from our office to practice with and teach our patients. We returned to "in-person" services in March of 2021 recognizing the needs of our adolescent and substance use disordered patients that were not being met by telehealth.

The pandemic is a major stressor among our behavioral health workforce. Our workforce is diminished including Doctors, APRN's, RN's, Masters Level Clinicians, and Psychiatric Technicians. Our front-line caregivers are suffering from exhaustion, stress, concerns for personal/family safety and anxiety. The pandemic has taken a toll on our human resources and those of our fellow hospitals. Acuity of our inpatients is higher necessitating the use of one to ones and two to ones to maintain unit safety. We continue to innovate and create solutions for our caregivers including managing stress, peer programs, relaxation rooms, etc. but the need for more support is real and tangible.

Despite our workforce difficulties, we opened a Dual Diagnosis unit at MMH on November 3, 2021. Strategically, we knew the need for this service was vitally important from our community social determinants of health data. We wished to address the escalating overdose crisis and maximize the use of medication assisted treatment. This unit is an important addition to our behavioral health system of care to treat patients effectively using evidence-based care to facilitate recovery and stabilization and return to the community. Currently, we have twelve of the twenty-two beds open due to persistent staffing difficulties.

Our inpatient units have been hit hard by COVID outbreaks and discharge delays. Community providers are unable to provide timely discharge appointments for residential care, partial hospital, intensive outpatient, and medication management appointments. The safety of our

patients is paramount, discharge delays have been unavoidable due to staffing and availability of services in lower levels of care. Residential rehabilitation service wait times for adolescents have further delayed discharges.

Difficulties in accessing community services and medication management have contributed to the backlog of children and adolescents waiting for inpatient admission in our emergency room. Pressure to help other Connecticut emergency departments was difficult as our six-bed unit located at Manchester (12–18-year-olds) was consistently full. ECHN repeatedly expressed our intentions to be part of the solution. We volunteered to convert our new Young Adult BH unit to adolescent beds (16-18-year-olds) located at Rockville to assist this vulnerable and severely impacted patient population. We are appreciative of the support we received in this conversion allowing us to hire travelers at great expense to facilitate acute inpatient care for adolescents and alleviate the statewide crisis of adolescents stuck in emergency rooms.

ECHN has clearly demonstrated a strong commitment to meet the needs of the behavioral health community in both its financial and programmatic investments. Our hospitals, and many others across the State, have also made significant capital investments to provide BH care in a safe environment. We have built a Dual Diagnosis unit, Telehealth programs, expanded adolescent acute care, crisis intervention services in our Emergency Departments and established BH screening protocols throughout our community practices. Clearly our overarching theme is the knowledge that only coordinated services in and outside of our facilities including the full continuum is the long-term solution required on behalf of the patients we serve.

We urge the Appropriations Committee to support acute care hospitals and existing community providers with this funding. Creating new services is desirable and should occur with pilot programs that generate data to support further investment when viable. Standing up new services should be done judiciously with oversight. Diluting a depleted workforce is contraindicated at this time.

The Governor proposed to spend $159 million on behavioral health, directing significant resources across the continuum of services and covering the lifespan from infant mental health to adult behavioral health services. As the General Assembly sorts from among these and other proposals, we wish to emphasize the importance of investing first in existing hospital-based and community services to resolve the crisis. We encourage legislators to enact measures that will make services available before a patient arrives at the hospital, while they are receiving hospital care, and after they are discharged.

Pre-Hospital Measures: Many of the Governor's proposed expenditures are directed to meeting the behavioral health needs of people before hospital care.

- We commend the allocation of $15 million to fund infant and early childhood mental health services.

- We support the $26.4 million earmarked for the expansion of adult and pediatric mobile crisis intervention services to the Department of Children and Families (DCF) and the

Department of Mental Health and Addiction Services (DMHAS). We urge the state to consider directing these resources to peak demand times and locations, rather than simply programming services on a 24 hour/7 day a week and statewide basis.

- We recommend that Connecticut's Medicaid program adopt and provide coverage for psychiatric Collaborative Care Management (CoCM) to help address the State's behavioral health worker shortage and mental health crisis. CoCM is an evidenced-based model to identify and treat patients with depression, anxiety, and a growing number of behavioral health conditions, including substance use disorders, in primary care, pediatric, and women's health settings. 20 states currently provide coverage for CoCM, including Rhode Island, Massachusetts, New Hampshire, and New York. CoCM is a key component to increase access to mental health, particularly within pediatric offices where Medicaid often makes up a higher percentage of the payer mix.

- The Governor proposes to invest $26 million to develop two new levels of behavioral healthcare in Connecticut. One proposal regarding community-based psychiatric assessment centers has been a priority of hospitals for several years. The other regarding 1–14-day crisis stabilization units is of concern to hospitals for reasons set forth herein.

  Behavioral Health Urgent Care: We endorse the development and financing of one or more children's behavioral health urgent crisis centers, which are 23-hour settings to receive, triage, stabilize, and assess children in crisis. Rather than investing $21.5 million in several centers around the state, we ask that the state invest up to $10 million to establish pilot programs in one or two high-demand areas, to address the current overcrowding crisis, obtain process and outcome data, and assess the potential effectiveness of such centers in other areas of our state and for all patients suffering from behavioral health disorders.

  Crisis Stabilization Units: We acknowledge the interest in exploring the viability of another new model of care delivery known as crisis stabilization units, which are short-term (1-14 day) sub-acute facilities with 8-12 beds for children who need additional time for stabilization when in crisis. Rather than investing $4.5 million in a new and untested level of care as proposed by the Governor, we urge the state to expand the capacity of existing levels of care, including inpatient psychiatric care and psychiatric residential treatment facilities (PRTF), before dedicating resources to this new level of care, especially given chronic shortages in the behavioral health workforce.

  To recap, we propose that the state (1) immediately invest up to $10 million in a behavioral health urgent care pilot program, rather than the $20.5 million proposed by Governor, (2) refrain from investing $4.5 million in crisis stabilization units, and (3) invest the balance of remaining funds amounting to $15 million ($10.5 million plus $4.5 million), to expand inpatient psychiatric bed capacity and PRTF beds, as described below.

In-Hospital Measures: Since the state has been reluctant to expand bed capacity in state-operated inpatient psychiatric hospitals and PRTF facilities, we implore the General Assembly

to adopt a more audacious, immediate, and direct approach to incenting private facilities to increase bed capacity and eliminate growing wait lists for beds, using the one-time investment of $15 million mentioned above.

- We support increased spending on in-hospital behavioral health services, including the allocation of $15 million to Connecticut Children's to develop a new 12-bed psychiatric/medical unit as proposed by the Governor. We urge the state to offer capital assistance to any hospital committed to dedicating additional space, equipment, and workforce to meet the increasing demand for mental health and substance use services.

- We acknowledge and appreciate the proposal by the Governor to earmark $6.4 million to the Department of Social Services (DSS) to annualize inpatient pediatric mental health rate increases for bed expansion and acuity add-on to address emergency department overcrowding. We urge the General Assembly to do more to address the current crisis.

- As an example, the Commonwealth of Massachusetts recently offered hospitals a one-time *Expansion of Inpatient Behavioral Health Capacity Supplemental Payment* of from $120,000 to $150,000 per each new psychiatric bed and a *Pediatric Inpatient Behavioral Health Per Diem Supplemental Payment* rate of $330 per day for new child and adolescent care provided.

Bolder financial incentives such as these will encourage more private providers to invest in facilities, equipment, and staff to meet current and future needs.

Post-Hospital Measures: We endorse the Governor's proposed investments in post-hospital services, including $2.4 million to DMHAS for mental health peer support in our busiest emergency departments and $1 million to explore universal home visiting sustainability.

- We support allocating $4.3 million for 12 additional forensic respite beds and $2.5 million for 26 new community placements for individuals in Connecticut Valley Hospital and Whiting Hospital, provided our state-operated hospitals dedicate any increased bed capacity resulting from these measures to fortifying existing psychiatric inpatient bed capacity, to shorten or eliminate wait lists for these services.

These investments are a good and modest start, but insufficient to resolve the current challenge of safely discharging patients from hospitals and into appropriate outpatient programs and in-home services.

- We urge the state to direct additional resources to enhancing post-hospital services, including Medicaid rate increases for intensive outpatient programs, partial hospitalization programs, and other outpatient behavioral health services, including home care.

Finally, increasing staffing capacity is an essential component of the solution. We urge the General Assembly to enact educational incentives, training and education programs, and

Medicaid reimbursement rates that are sufficient to enable hospitals to recruit and retain providers of these services.

Thank you for your consideration of our position. For additional information, contact Ann Turkington, VP of Behavioral Health at ECHN, 860-310-7172.